

HARRY E. MITCHELL  
5TH DISTRICT, ARIZONA

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WASHINGTON, DC 20515  
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7201 EAST CAMELBACK ROAD, SUITE 335  
SCOTTSDALE, AZ 85251  
PH: 480-946-2411  
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**Congress of the United States**  
**House of Representatives**

**PRIVACY RELEASE FORM**

**COMMITTEE ON TRANSPORTATION  
AND INFRASTRUCTURE**

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TECHNOLOGY AND INNOVATION

**Please fill out this form, print and mail or fax to:**

Congressman Harry E. Mitchell  
7201 E. Camelback, Suite 335  
Scottsdale, AZ 85251  
480-946-2411 Office  
480-946-2446 Fax

Dear Congressman Mitchell:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. Pursuant to 5 U.S.C. 552a, I hereby authorize all appropriate Federal agencies or departments to provide information on my claim/case to Congressman Mitchell.

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Social Security or Claim Number:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ If IRS, specify period or tax year involved \_\_\_\_\_

**BRIEF DESCRIPTION OF PROBLEM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would also like this information to be provided to a parent, child, attorney, or other interested parties please indicate below:

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Have you contacted another Member of Congress, if so, which office?** \_\_\_\_\_